

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-05

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAY 31 2002

PROPOSED EFFECTIVE DATE
July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1927 of Title XIX of the Social Security Act.

7. FEDERAL BUDGET IMPACT:
a. FFY 2002-03 (\$ 10,321,846) **P&I**
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 5-a and 5b
Attachment 3.1-B, page 4-C
(P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 5-a
Attachment 3.1-B, page 4-C
(P&I)

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to add the Practitioner Managed Prescription Drug List (PDL) as approved by the Oregon State Legislature.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Hersh Crawford**

Bobby Mink

14. TITLE: **Administrator, OMAP** **Director, DHS**

15. DATE SUBMITTED: **5-28-02**

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAY 31 2002

18. DATE APPROVED:

AUG 27 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bunnee Butterfield

22. TITLE:

**Assistant Regional Administrator
Division of Medicaid and State**

23. REMARKS:

P&I changes authorized by the state on 7-29-02 per [illegible]

**TESTED 5/29: Salem
(CITY/STATE)**

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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2002	
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14. TITLE: Administrator, OMAP Director, DHS			
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21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

LIMITATIONS ON SERVICES (Cont.)12.a. Prescribed Drugs

Reimbursement is available to covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of Title XIX of the Social Security Act, which are prescribed for a medically accepted indication. Drugs subject to limitations are those outlined under Section 1927(d)(4) of Title XIX of the Social Security Act.

The Department will maintain a list of drugs to be referred to as the Practitioner Managed Prescription Drug List (PDL). The PDL is a listing of prescription drugs that the Department has determined represents the most effective drug(s) at the best possible price for the selected drug classes. The PDL is developed with a governor appointed committee, the Health Resource Commission (HRC), in coordination with the Drug Utilization Review Board. The HRC conducts an evidence-based evaluation of selected classes of prescription drugs covered by the Department. The HRC will make drug effectiveness recommendations to the Department.

A practitioner may prescribe any Medicaid reimbursable, FDA approved drug that is not listed on the PDL. If the practitioner in the exercise of professional judgement considers it appropriate for the diagnosis or treatment and is within the practitioner's scope of practice, he/she may prescribe a non-PDL drug by notating such anywhere on the prescription. Regardless of the PDL, prescriptions shall be dispensed in the generic form unless practitioner requests otherwise subject to the regulations outlined in 42 CFR 447.331, ORS 689.515.

The state utilizes The Oregon State University College of Pharmacy for literature research and the state DUR (Drug Utilization Review) Board as the Prior Authorization committee. Criteria used to place drugs on Prior Authorization is based upon safety, efficacy and clinical outcomes as provided by the product labeling of the drug. Prescribing physicians, pharmacists, and/or designated representatives may contact the Medicaid PA unit via 1-800 phone and fax lines or by mail. Responses are issued within 24 hours of the request. Pharmacies are authorized to dispense a 72 hour supply of a prior authorized product in the event of an emergency. The program complies with requirements set forth in Section 1927 (d)(5) of the Social Security Act pertaining to prior authorization programs.

12.b. Dentures

Dentures are not covered for adults.

Dentures are covered for children under the EPSDT Program.

12.c. Prosthetic Devices

Prosthetic devices are provided. OMAP Durable Medical Equipment and Medical Supplies Guide describes services provided, prior authorization requirements, and limitations of services and payments.

12.d. Eyeglasses

OMAP Visual Services Guide describes services covered and limitations which apply.

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